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ABSTRACT

This study examined the differential effects of a higher level inpatient therapy group as compared with a structured didactic group on adult substance abusers' unresolved grief reactions in an inpatient hospital setting. It was hypothesized that, compared to control group subjects, subjects participating in the two treatment groups would experience a significant degree of grief resolution, decreased depression, significantly greater changes in intraception (ability to engage in understanding one's own behavior and the behavior of others), and significantly greater changes in succorance (ability to solicit sympathy, affection, or emotional support from others). In addition, it was hypothesized that subjects in the higher level therapy group would experience significantly greater changes in personal adjustment compared to the structured didactic group and the control group. Subjects (N=41) completed the Texas Revised Inventory of Grief, Beck Depression Inventory, and three scales (Intraception, Succorance, and Personal Adjustment) from the Adjective Check List as pretests and as posttests following eight counseling sessions for treatment subjects. The findings revealed significant improvement in intraception and personal adjustment by both treatment groups compared to the control group and significant improvement in succorance for the higher level inpatient therapy group. There were no significant differences between the two treatment groups and control group with respect to grief resolution or improvement of depression. (NB)

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Therapeutic Intervention in the Treatment of Substance Abuser's Unresolved Grief Reactions in an Inpatient Hospital Setting: A Study of Two group Approaches

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Therapeutic Intervention in the Treatment
of Substance Abuser's Unresolved Grief Reactions
In an Inpatient Hospital Setting:
A Study of Two Group Approaches

Research Question

The focus of this study was to determine the differential effects of a higher level inpatient therapy group as compared with a structured didactic group on adult substance abuser's unresolved grief reactions in an inpatient hospital setting. Therapy may be of great value by helping people work through their loss and reach a point whereby growth can be achieved. If this does not occur due to a disturbance of the grief process, then an unresolved grief reaction may occcur preventing successful progress toward acceptance/resolution of the loss. For the substance abuser, identification and treatment of the person's unresolved loss may contribute to his/her decision to become alcohol/drug free.

It was hypothesized that: 1) subjects participating in the two treatment groups would experience a significant degree of grief resolution as to the extremity of grief reaction compared to the control group; 2) subjects participating in the two treatment groups would experience decreased depression compared to the control group; 3) subjects participating in the two treatment groups would experience significantly greater changes in intraception (ability to engage in understanding one's own behavior and the behavior of others) compared to the control group; 4)subjects participating in the two treatment groups would experience significantly greater changes in succorance (ability to solicit sympathy, affection or emotional support from others) compared to the control group; and 5) subjects participating in the higher level inpatient therapy group would experience significantly greater changes in personal adjustment compared to the structured didactic group and control group.

Methodology

Subjects involved in this study were adult individuals, 18 years of age or older, who had been admitted to St. John's Hospital in Richmond, Virginia and had been diagnosed as being either alcohol and/or drug dependent. The individual inpatients interpersonal and emotional adjustment was measured by a composite instrument consisting of the Texas Revised Inventory of Grief (TRIG), Beck Depression Inventory (BDI), and three scales (Intraception, Succorance, and Personal-Adjustment) of the Adjective Check List (ACL). Participation in the groups was on a voluntary basis and the sample consisted of both males and females (N=41).

Treatment interventions were administered to the two experimental groups and withheld from the control group. The groups were facilitated by a qualified counselor with pre and posttesting based on the Pretest-Posttest Control Group Experimental Design. The two treatment groups met for three sessions each week for 75 minutes per group session. Groups were open-ended and ongoing and subjects participated in their assigned group until each had participated in eight counseling sessions. The control group did not meet.

The statistical procedure of analysis of covariance was utilized to determine the efficacy of the two different group approaches. The variance between groups was evaluated for significant differences by an ANOVA procedure which included a one-way analysis. The hypothesis provided the basis for testing whether or not there were significant differences ($\alpha = .05$) among the two treatment groups and control group on posttest measures of grief resolution, depression, intraception, succorance, and personal adjustment.

Findings

Analysis of the test data revealed that there was significant improvement in

intraception by both treatment groups as measured by the ACL compared to the control group with the identified population. Also, there was a significant improvement demonstrated in succorance for the higher level inpatient thereapy group. Regarding personal adjustment, both treatment groups demonstrated significant improvement. There were no significant differences between the two treatment groups and control group with respect to grief resolution and no significant improvement of depression between the two treatment groups and control group.

Interpretations

Although the statistical analysis of the data consisted of partial support of the research hypotheses and yielded some significant findings, further examination of the results tend to suggest that the intervention strategy of a grief group with a substance abusing population has the potential to produce positive results in an inpatient hospital setting.

The research literature discloses contradictory results regarding a grief/loss group decreasing or resolving grief reactions with substance abusers. Although there was no statistically significant improvement in grief resolution as measured by the TRIG, there was a trend in a positive direction, and from a statistical perspective results approached the level of significance that would indicate improvement of unresolved grief.

Prior studies (Denny and Lee, 1984; McGovern and Peterson, 1986) found a significant decrease in depression as measured by the BDI. Although in this study both treatment groups demonstrated improvement in depression, it could not be attributed to either treatment intervention due to a corresponding improvement found in the control group. However, this investigation does support the notion that feelings addicted individuals attempt to numb, specifically depression, are the same

feelings that need to be expressed.

Intraception improved in both treatment groups as compared to the control group; it is interpreted that through the grief group process increased insight and awareness was obtained by the group participants. These results conflict with a previous study (McGovern, 1986), however a primary reason for his conclusions derive from the reliance on experimental instruments to assess loss and grief.

Friedman (1984) in examining unresolved grief concluded that viewing the recovery of substance abuse as a loss will initiate resolution and acceptance of other losses previously experienced. The significant improvement in personal adjustment tends to support his conclusions. The psychosocial dynamics of the grief process are active and ongoing within the individuals intrapsychic functioning whether or not it is acknowledged. Unless the grief component of treatment is addressed and directly examined, loss issues will continue to persist and may undermine or threaten a substance abuser's best attempts at recovery.

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